

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**HOBBS OIL CONSERVATION DIVISION**  
 220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 October 13, 2009

**RECEIVED**  
 MAY 26 2020

WELL API NO. 30-025-10667
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SKELLY PENROSE B UNIT
8. Well Number 063
9. OGRID Number 012444
10. Pool name or Wildcat LANGLIE MATTIX (37240)

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other INJECTION

2. Name of Operator  
PROVIDENCE ENERGY SERVICES, INC. dba KELTON OPERATING

3. Address of Operator  
P.O. BOX 928, ANDREWS, TEXAS 79714-0928

4. Well Location  
 Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line  
 Section 8 Township 23S Range 37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: ANNUAL UIC TEST <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05/15/2020: RIG UP PARKER PUMP TRUCK. PRESSURE CASING TO 640#. TEST CASING FOR 32 MINUTES. ENDING PRESSURE 640#.

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.



SIGNATURE \_\_\_\_\_ TITLE PRESIDENT DATE MAY 20, 2020

Type or print name C. Dale Kelton E-mail address: providenceenergy@suddenlink.net PHONE: 432-661-1364

**For State Use Only**

APPROVED BY: Kerry Inte TITLE CO DATE 5-28-20  
 Conditions of Approval (if any): A

HOBBS OCD

MAY 26 2020

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Providence Energy Services, Inc dba Kelton Operating  
OGRID #012444  
ANNUAL UIC TESTS

Well Name: Skelly Penrose B Unit #063 - API #30-025-10667

Test Date 5-15-20 Test Minutes 32

Beginning PSI - 640 #; Ending PSI - 640 #

Test Company: Parker Energy Support Services

Meter Serial # 2120 Calibration Date: 2-25-20

Truck # 35 Driver Name: Greg Mitchell

Driver Signature: [Signature]

